

HARVARD UNIVERSITY OFFICE OF THE VICE PROVOST FOR RESEARCH  
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**Request for Information regarding Financial Conflict of Interest  
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(For the Harvard Medical School form, please visit: <http://ari.hms.harvard.edu/>)

**1. Information about you:**

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**2. Information about your request:**

NIH Award Number: \_\_\_\_\_

Name of the Investigator: \_\_\_\_\_ (first, last)

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